

INDIAN COUNCIL OF MEDICAL RESEARCH
V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029

APPLICATION FORM ACO/ACO(Jr.Gr.) ON DEPUTATION

Part-I

To be filled by the Applicant (No column should be left blank)

1 Name of the Post: _____

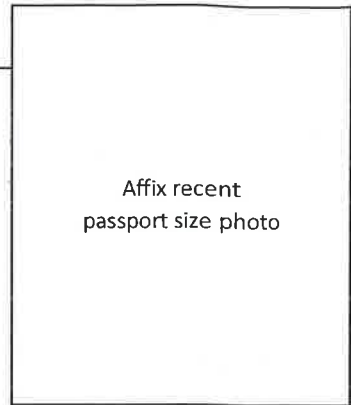
| | | | |
|-------------------|-----|-----|-----|
| Preferred Station | 1st | 2nd | 3rd |
| Choice | | | |

2 Full name of the applicant (in block letters):

| | | | | | | | | | | | | | | | | | | | | | |
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3 Father's name/Spouse name

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4 Gender : Male Female

5 (a) Date of Birth DD MM YYYY

(b) Age as on last date for receipt of application: DD MM YYYY

(c) Date of Retirement DD MM YYYY

6 Date of joining in Service DD MM YYYY

7 Details of posting in last 10 years, starting with present post held: (use separate page, if required)

| Sl | Designation | Name of Organisation/ Department/Office | Whether post held on regular/adhoc/ officiating/ deputation basis | Scale of Pay/Pay Band + Grade Pay + Pay Level | Period | | Duration |
|----|-------------|--|--|---|--------|----|----------|
| | | | | | From | To | |
| | | | | | | | |
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8 Current post held on regular basis

(a) Name of the post _____

(b) Whether Group A/B Gazetted: Group-A Group-B

(c) Pay Level & pre revised Grade pay/Pany Band _____

(d) Date of appointment on regular basis in Group'A' (Gazetted)/Group'B' (Gazetted post)

DD MM YYYY

9 (a) Educational Qualifications

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(b) Professional Qualifications, if any

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10 Experience, particularly relating to Health Sector/Finance/Accounts

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11 Date of return from last ex-cadre post, if any date of completion of cooling off period, if applicable

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|--|--|----|--|--|----|--|--|--|--|------|
| | | DD | | | MM | | | | | YYYY |
|--|--|----|--|--|----|--|--|--|--|------|

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|--|--|----|--|--|----|--|--|--|--|------|
| | | DD | | | MM | | | | | YYYY |
|--|--|----|--|--|----|--|--|--|--|------|

12 Whether all eligibility conditions are fulfilled :

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| | | Yes |
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| | | No |
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13 (a) Postal address for communication with Pin Code (in block letters)

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Telephone No.

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Mobile No.

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E-mail ID

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(b) Postal address of Parent Department with PIN Code and Telephone/Fax Number/E-mail ID (in block letters)

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Certified that the information furnished above by me is correct

Signature of the applicant with date

Part-II

(To be filled by the Cadre Controlling Authority of the applicant)

- 1 Certified that the particulars given above by the applicant are correct as per the records available in the Department/Office of _____
- 2 It is also certified that Shri/Ms _____ is clear from Vigilance Angle and no disciplinary proceedings are pending or contemplated against him/her
- 3 It is also certified that integrity of Shri/Ms _____ is _____
- 4 The attested copies of the Annual Confidential Reports (ACRs/Annual Performance Appraisal Reports (APARs for the last 5 years, i.e. 2018-2019, 2019-2020, 2020 - 2021, 2021-2022 and 2022-2023) are enclosed along with NRC for the period _____ (if ACR/APAR for period of more than 3 months is not available/recorded then ACRs/APARs prior to 2018-2019 for the matching period needed to be forwarded along with No Report Certificate (NRC)
- 5 It is hereby certified further that this Department/Office shall have no objection to the relieving of said officer in case Shri/Ms _____ is selected for the post of Accounts Officer/ ACO(Jr G)

Place:
Date:

(Name, Signature & Telephone No.
of officer with official Stamp)